

2006**California Income Tax Return for
Qualified Funeral Trusts****541-QFT**

For calendar year 2006 or short year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

Name of estate or trust

FEIN

Name and title of trustee

Address of trustee (number and street, including PO Box, or rural route)

Suite/Apt. no.

City

State

ZIP Code

Check Applicable Boxes:

☐ Initial tax return ☐ Amended tax return ☐ Final tax return ☐ Change in trustee's name or address

Income	1 Interest income.....	1		
	2 Dividends.....	2		
	3 Capital gain or (loss). Attach Schedule D (541).....	3		
	4 Other income. State nature of income.....	4		
	5 Total income. Combine line 1 through line 4.....	5		

Deductions	6 Taxes.....	6		
	7 Trustee fees.....	7		
	8 Attorney, accountant, and preparer fees.....	8		
	9 Other deductions NOT subject to the 2% floor.....	9		
	10 Allowable miscellaneous itemized deductions subject to the 2% floor.....	10		
11 Total deductions. Add line 6 through line 10.....	11			

Tax and Payments	12 Taxable income. Subtract line 11 from line 5.....	12		
	13 Tax from: <input type="checkbox"/> Tax Rate Schedule (see instructions) <input type="checkbox"/> Composite return Number of QFTs included on this tax return.....	13		
	14 Credits. Attach worksheet. If one credit, enter code. _____ If more than one credit, attach a detailed list.....	14		
	28 Tax liability. Subtract line 14 from line 13. See instructions.....	28		
	29 California income tax withheld.....	29		
	30 California income tax previously paid.....	30		
	32 2006 CA estimated tax, amount applied from 2005 tax return, and payment with form FTB 3563.....	32		
	33 Total Payments. Add line 29, line 30, and line 32.....	33		
	34 Tax due. If line 28 is larger than line 33, subtract line 33 from line 28 and enter the amount owed. Mail Form 541-QFT and the check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	34		
	35 Overpaid tax. If line 28 is less than line 33, subtract line 28 from line 33 and enter the amount overpaid.....	35		
36 Amount of line 35 to be credited to 2007 estimated tax.....	36			
37 Amount of line 35 to be refunded. Mail Form 541-QFT to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002	37			
42 Underpayment of estimated tax. Fill in circle: FTB 5805 <input type="radio"/> FTB 5805F <input type="radio"/>	42			

Please Sign Here	Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of trustee or officer representing fiduciary		Date
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address.		FEIN
			Telephone ()